

W.K. & E. PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. \_\_\_\_\_

### 1. PLACE OF BIRTH

County Gila State Ariz

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Paysan Ariz No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Audrie Grady Harrison { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth July 9 1926  
Month Day Year

8. FATHER Full name H. Grady Harrison 14. MOTHER Full maiden name Nellie Evelyn Blade

9. Residence (Usual place of abode) Paysan, Ariz 15. Residence (Usual place of abode) Paysan Ariz  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 34 (Years) 16. Color or race white 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) New Mex 18. Birthplace (city or place) Calif  
(State or country) (State or country)

13. Occupation Gum Co Owner 19. Occupation H.W.  
Nature of industry Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:48 a.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. H. Risner Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Paysan Ariz Month, day, year \_\_\_\_\_ Filed July 12 1926 C. H. Risner Registrar Registrar

185-709-505